

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		9					60							
11		9					61							
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16		9					66							
17		9					67							
18		9					68							
19		9					69							
20		9					70							
21		9					71							
22		9					72							
23		9					73							
24		1					74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
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34							84							
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36							86							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	111						TOTAL DEP.							
TOTAL CLAIMS	112						TOTAL CLAIMS							